## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OLIFF & BERRIDGE, PLC ₽P.O. Box 19928 Alexandria, Virginia 22320

Attorney Docket No.: 115632

Date: March 11, 2004

Telephone: (703) 836-6400 Facsimile: (703) 836-2787

Customer Number: 25944

NONPROVISIONAL APPLICATION TRANSMITTAL

**MAIL STOP PATENT APPLICATION** 

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

**RULE §1.53(b)** 

Sir:

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application

For (Title):

A SURGICAL INSTRUMENT

By (Inventors):

Roy R. CASIANO, Phillip Andrew RYAN

$\boxtimes$	Formal drawings (Figs. 1-8; 6 sheets) are attached.
	Use Figure for front page of Publication.
$\boxtimes$	A Declaration and Power of Attorney is filed herewith.
$\bowtie$	This application claims benefit of Provisional Application No. 60/459,260 filed April 2, 2003.
_	(A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.)
$\boxtimes$	This patent application is assigned to GYRUS ENT L.L.C.
	The prior application is assigned of record to GYRUS ENT L.L.C, BARTLETT, TENNESSEE, UNITED STATES
	and recorded at Reel 013650, Frame 0276.
	An Information Disclosure Statement is filed herewith.
Ħ	Entitlement to small entity status is hereby asserted.
ಠ	A Preliminary Amendment is filed herewith.
Ħ	Priority of foreign application(s) No filed in is claimed (35 U.S.C. §119).
	A certified copy of the above corresponding foreign application(s) is filed herewith.
	A certification in NOT to be applicated and a SELECTION of 120(1). The application in NOT to be applicated and 120(1). The second of the secon
	This application is NOT to be published under 35 U.S.C. 122(b). The undersigned attorney or agent hereby certifies that
	the invention disclosed in this application has not and will not be the subject of an application filed in another country, or
_	under a multilateral international agreement, that requires publication of applications 18 months after filing.
$\boxtimes$	The filing fee is calculated below:

## CLAIMS IN THE APPLICATION AFTER ENTRY OF ANY PRELIMINARY AMENDMENT NOTED ABOVE

FOR:	NO. FILED	NO. EXTRA			
BASIC FEE					
TOTAL CLAIMS	7 - 20	= 0 *			
INDEP CLAIMS	1 - 3	= 0 *			
☐ MULTIPLE DEPENDENT CLAIMS PRESENTED					

SMALL ENTITY					
RATE	FEE	<u>OR</u>			
	\$ 385	<u>OR</u>			
x 9=	\$	<u>OR</u>			
x 43 =	\$	<u>OR</u>			
+ 145 =	\$	<u>OR</u>			
TOTAL	\$	<u>OR</u>			
ling fee is attached. Except as					

OTHER THAN A SMALL ENTITY

RATE	FEE
	\$ 770
x 18	\$
x 86	\$
+ 290	\$
TOTAL	\$ 770

\* If the difference is less than zero, enter "0".  $\boxtimes$ 

Check No. 152011 in the amount of \$770.00 to cover the fili s otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Thomas J. Pardini Registration No. 30,411